## UNITED STATES PATENT & TRADEMARK OFFICE
### Washington, D.C. 20231

### REQUEST FOR **PATENT** FEE REFUND

| 1 Date of Request: 6-1(-05 | 2 Serial/Patent # 10/518160 |
|---|---|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---|---|---|---|
| Filing | | | $ |
| Amendment | | | $ |
| Extension of Time | | | $ |
| Notice of Appeal/Appeal | | | $ |
| Petition | | | $ |
| Issue | | | $ |
| Cert of Correction/Terminal Disc. | | | $ |
| Maintenance | | | $ |
| Assignment | | | $ |
| ✓ Other | | | $ |

| | 7 TOTAL AMOUNT OF REFUND | $ 200 |
|---|---|---|

**8 TO BE REFUNDED BY:**

| 10 REASON: | | Treasury Check |
|---|---|---|
| Overpayment | ✓ | Credit Deposit A/C #: |
| Duplicate Payment | 9 | 1 8 -- 0 1 6 6 |
| No Fee Due (Explanation): | | |

Fee Code Correction

**11 REFUND REQUESTED BY:**

TYPED/PRINTED NAME: B. Campbell        TITLE: _____

SIGNATURE: BC        PHONE: _____

OFFICE: PCT/DO/EO

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____        DATE: _____

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance**
**Refund Branch**
**Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)